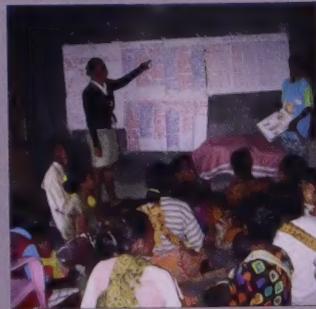


The Health and Peacebuilding Filter

An assessment tool to determine how health projects or programs may contribute to peacebuilding in conflict-affected countries



Companion Manual

Authors

This work has been undertaken and authored by: Anthony Zwi, Anne Bunde-Birouste, Natalie Grove, Emily Waller and Jan Ritchie.

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Tel : 080 - 41280009

email : clic@sochara.org / cphe@sochara.org

www.sochara.org

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Preface

In September 2003, the Australian Agency for International Development (AusAID) provided support to a team based at the School of Public Health and Community Medicine (SPHCM) at the University of New South Wales (UNSW) in Sydney, Australia to explore how the health sector, health professionals and health promotion action can effectively contribute to peacebuilding.

Initial UNSW research led to the development of the *Health and Peacebuilding Filter*. The aim of the Filter is to assist those working in fragile settings to consider their work in relation to promoting peace, and to incorporate appropriate peacebuilding principles into their efforts.

For more information on health and peacebuilding in conflict-affected countries, the project has developed two sets of papers that cover major issues in this area. The two sets of papers can be accessed at: <http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/page/AUSCAN>:

- **Paper set I: Health and Peacebuilding: Securing the Future** describes the relationship between health and peacebuilding in humanitarian crises and development, specifically focusing on the long-term health and social impact of violence. It draws on the notion of human security and identifies the key concepts which form the basis for the Filter.
- **Paper set II: The Challenge of Human Resource Management in Conflict-Prone Situations** explores the characteristics of post-conflict and transition periods, and the challenges they present to the health workforce.

We welcome feedback on all aspects of the Filter and the Companion Manual and would like to be informed of the way people are using these materials in their work. We are especially keen to learn about the ways in which people adapt these to tools to meet local needs. We will undertake a follow-up of the value of the Filter and Companion Manual so please ensure that you let us know if you intend to use it in any way. We look forward to learning of any questions and comments.

UNSW Health and Conflict Research Team
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For general enquiries, please email: healthandconflict@unsw.edu.au

PDF versions of these documents are available from the authors:

Prof. Anthony Zwi, Project Leader
Associate Dean (International Health)
Faculty of Medicine
School of Public Health and Community Medicine
The University of New South Wales
Sydney NSW 2052, Australia
Tel: +61 (2) 9385-3811, Fax: +61 (2) 9313-6185
Email: a.zwi@unsw.edu.au
Web: <http://www.sphcm.med.unsw.edu.au>

Ms. Anne Bunde-Birouste, Project Coordinator
Senior Lecturer
School of Public Health and Community Medicine
The University of New South Wales
Sydney NSW 2052, Australia
Tel: +61 (2) 9385-2591, Fax: +61 (2) 9385-1036
Email: ab.birouste@unsw.edu.au
Web: <http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/page/AUSCAN>

Introduction

What is the Companion Manual?

The *Companion Manual* is designed as a support document to the *Health and Peacebuilding Filter*. The Filter is intended to assist donor agency officers and project managers to assess the capacity of a development cooperation project or program to contribute towards peacebuilding and enhancing stability in a particular setting. It covers a number of areas from Conflict Sensitivity to Social Cohesion, Cultural Sensitivity to Social Justice, as well as the project's Good Governance. The Filter provides a framework for considering these issues in relation to the design and delivery of the project or program, and stimulates the user to consider how things might be done better. It provides a simple format for identifying areas of the project requiring further attention.

This Companion Manual provides further information clarifying principles and indicators within the Filter, as well as offering examples, resources, and opportunities for further action. Together, the two documents are useful in assuring that careful and purposeful design, planning, and implementation of projects and programs are carried out in order to avoid further grievances or worsening existing tensions. The Filter and Companion Manual are valuable when considering both violent political conflicts which often involve armed groups, as well as local disputes, disagreements and tensions, and when thinking about how these manifest in the community. The Filter and Companion Manual have been field tested in a number of countries within the Asia-Pacific region. This process led to a number of modifications to make them more accessible to a range of users in different settings.

What is Peacebuilding?

Peace "is not only the absence of violent conflict but involves a positive, dynamic and participatory process in which dialogue is promoted and conflict resolved in the spirit of mutual understanding and cooperation" (UN 1999). Peacebuilding organisations throughout the world are assisting communities in fragile, post-conflict or protracted conflict situations to build peace. Their actions focus on preventing the resurgence of violent conflict and enhancing positive activities and interactions which help sustain the slow road to peace.

People working with conflict-affected communities may find it difficult to know whether or not their projects and programs are contributing positively to the peace process. This is especially so where conflict has left deep cleavages between groups.

In recent years, a number of excellent resources have been produced to assist development workers to carry out conflict impact analyses. Many of these have fed into the development of the Filter, and are referred to in this Companion Manual. Few of these resources, however, explicitly include the health sector in their analysis. Therefore, an important role of this Companion Manual is to offer concrete guidance to people working in or with the health sector regarding how they might link their programs, projects and activities with peacebuilding.

Peacebuilding

Peacebuilding, in the context of development cooperation, is described as "measures designed to consolidate peaceful relations and strengthen viable political, socio-economic and cultural institutions capable of mediating conflict, as well as strengthen other mechanisms that will either create or support the creation of necessary conditions for a sustained peace."

FEWER, International Alert and Saferworld, 2003. Conflict Sensitive Resource Pack. Available from: http://www.conflictsensitivity.org/resource_pack.html

What are the links between Health and Peacebuilding?

Working in a conflict-affected community is challenging for all sectors, including health. Communities may be fragmented, people displaced, resources eroded, services undermined and tensions widespread.

The health sector plays an important role in fragile communities: the health of a society is critical to its resilience; good health is required for communities and individuals to exercise their entitlements and rights; and health-related projects may provide a focus for contributing positively to building the peace.

The health sector has heightened responsibilities to respond promptly and effectively to both the physical and psychological needs of conflict-affected communities. However, health professionals working in fragile settings need to appreciate that, even if well-intentioned, their activities may inadvertently do harm and at times aggravate tensions in that community. We seek to avoid these negative effects and to ensure that health work does more good than harm.

Workers in sectors such as health often overlook the key contributors to conflict when delivering services. Service planners may only consider 'conflict sensitivity' as relevant to sectors specialising in security or governance issues. Health programs and projects in conflict-affected communities must also be acutely aware of the settings in which they work and the potential for their activities to contribute, however modestly, to building a more lasting peace.

In many ways, the health sector, through its services and personnel, is uniquely positioned: "Health care and services can be primary means by which members of a society express their commitment to each other's well-being. Field experience shows that health-related goals may be shared among different groups, giving them (an often needed) basis for cooperation."¹ The scope for health to contribute to peace reaches beyond basic care and service delivery and includes possibilities for building trust and supporting reconciliation, promoting social cohesion, addressing psychosocial responses to conflict and creating healthier environments. The Filter and Companion Manual seek to highlight all of these areas of activity.

However, we must not naively assume that because we are dealing with 'health' that this is neutral, that it is not contested, that it cannot create conflict. Health workers, health interventions and health resources can all make things worse in fragile settings. Our aim should be to ensure that this does not happen, that at a minimum we "Do No Harm"² and that where possible, health-related personnel, interventions and resources actively build or consolidate the potential for peace in a given context.

¹ MacQueen, Graeme and Santa Barbara, Joanna. *Peace Building Through Health Initiatives*, PGS Briefing Paper, 2001.

² Mary B. Anderson. *Do No Harm. How aid can support peace – or war*. London, Lynne Rienner Publishers, 1999.

Using the Companion Manual

The *Health and Peacebuilding Filter Companion Manual* is designed to assist users to apply the Filter to design, monitor or assess a project or program. The Manual is organised into five sections which correspond to the fundamental peacebuilding principles that form the Filter:

Peacebuilding Principles:	
Section 1	Cultural Sensitivity
Section 2	Conflict Sensitivity
Section 3	Social Justice
Section 4	Social Cohesion
Section 5	Good Governance

These five core peacebuilding principles were derived from extensive research, including literature reviews, key informant interviews, conference workshops, focus groups sessions, and in-country trialling of the Filter. While individually, each principle is important towards fulfilling a peacebuilding objective, it is their collective integration into a project that will provide an environment more conducive to peacebuilding.

The five guiding principles should be considered as core concepts for good development practice and can be applied across a number of disciplines. A short summary of each generic concept is provided in each section. It is important to note that while individually each principle is significant towards fulfilling a peacebuilding objective, it is their collective integration into a project that will provide an environment more conducive to peacebuilding. A detailed illustration of each of the principles, related sub-principles, and their specific applications to the health sector is presented in this Companion Manual.

Filter users are advised to consult the Companion Manual as they complete the Filter sections. This will help you interpret the indicator questions and understand how they might apply to your health project. Each section includes the following:

- **Introduction to the Concept:** Here you will find background information and definitions related to the peacebuilding principle.
- **Items in the Filter:** This section helps you to respond to the indicators. It presents the individual indicator along with a series of prompts (indicated by the sign: ÷) designed to stimulate your thinking of how this indicator may apply to your health project. The questions encourage you to reflect more deeply on the indicator, help decide how to score your project, and provide some ideas about changes or actions that could be taken.
- **Examples of positive and negative experiences:** Shaded boxes appearing throughout the Manual are short examples of these concepts from the field. They include lessons learned in various conflict-affected countries and relate to a wide range of health projects. Outlined boxes appearing throughout the Manual provide further information or clarification of concepts.
- **Action Plan & Resources:** This final section includes further information to assist in developing the Action Plan for the Filter. Some basic steps to take to enhance peacebuilding are included here, as well as links to selected resources and further readings.

A Note on Language

The terminology used in the Filter and Companion Manual is derived from research and practice in peacebuilding and the promotion of conflict sensitivity. Users are cautioned that the same words may mean quite different things depending on the context and may not be appropriate to your local situation. For example, in situations where violent conflict is not present but the situation is fragile, with potential for fighting to erupt, the terms 'peace' or 'peacebuilding' may not be appropriate. In such instances, talking about 'building unity' or 'building harmony' may be more acceptable.

Another example is the term 'social mobilisation', which may be interpreted differently from how it is intended. While one might see social mobilisation as engaging with the community, in some places it carries negative connotations of mobilising threatening forces. In Sri Lanka, feedback indicated that mobilisation is associated with techniques used by different parties to recruit young people into the conflict.

Finally, other terminology may be too 'Western' in concept to be understood locally. For example, 'psychosocial well-being' may in some cases be understood to mean 'counselling' when actually it is a far broader concept, taking into account the close connection between psychological aspects of people's experiences (their thoughts, emotions and behaviour) and their wider social experiences (their relationships, traditions and culture). The term evolved from mental health research and may not necessarily be understood in all contexts. It is thus important to refer to the processes that underpin such concepts, for example how the population members deal with emotional and social stresses.

As a general principle, terms are context-related, and Filter users should strive to find local, culturally-appropriate terms to convey concepts and beliefs underpinning the indicators.

Individual vs. Group versions of the Filter

There are two versions of the Filter which serve different purposes for use:

- **Individual:** The first version of the Filter is to be applied by individuals to existing health projects or programs to guide revisions or modifications to enhance conflict sensitivity and the health-related contributions to peacebuilding. The Filter is not prescriptive, rather, it can feed into an analysis of a project or program by a) identifying project areas already applying peacebuilding principles, b) drawing attention to where health-related activities might make matters worse; and c) suggesting further actions and resources.
- **Group:** The second version of the Filter is to be applied in a group setting to either a) assist in the design phase of a new project or program through identifying issues which need to be addressed with action or the allocation of resources, or b) facilitate building group consensus on what issues should be addressed in the *Health and Peacebuilding Filter's* subsequent *Action Plan*.

Please note that the Individual version of the Filter may also be used in a group setting to provide insights to the comparative perceptions of different stakeholders.

Cultural Sensitivity

1. Cultural sensitivity

Introduction to the Concept

A culturally sensitive approach recognises and respects cultural diversity, and demonstrates awareness of the range of cultural beliefs, customs, rituals, and religious practices of groups and communities.

Culturally sensitive health programs seek, for example, to integrate traditional, local and conventional interventions for health and community development.

Cultural awareness takes into account:

- Traditional approaches to health, their influence and acceptance or non-acceptance by the different groups within the community
- Local cultural beliefs in relation to violence and its resolution.

Cultural sensitivity is particularly important in areas where conflict has been about political independence, self-determination, the maintenance of particular cultures and tradition. Decisions about language, importing 'foreign ideas' and ways of doing things need careful consideration.

Cultural sensitivity includes sensitivity to certain context specific concepts, even when they may clash with alternative viewpoints. Imposing Western concepts of equity which differ from local custom may not be appropriate in some contexts; doing so in the difficult atmosphere of a post-conflict situation might suggest meddling in local culture and could have negative consequences and be more destabilising than if one tried to work with current understanding. Trying to change things too fast may be unrealistic and potentially damaging. At the same time, new ideas can give people a common language, a space to learn and work with each other, and provide a new common approach and procedure to enhance community wellbeing and services.

Cultural solutions: bush ward

A community in the Solomon Islands is looking for ways to resolve local tensions about access to health services. Mainstream medical services such as the provincial hospitals are rendered inaccessible to some traditional communities due to their layout and design which explicitly clashes with traditional belief systems.

For example, men walk through the maternity ward in one hospital. In traditional belief systems, men are not allowed to be in the same area as women giving birth, as a woman is in a sacred state when giving birth and men are in a common state. The lack of culturally acceptable health services is a source of grievance and increases the marginalisation of these already vulnerable groups.

The establishment of a simple 'bush ward' designed by chiefs of the traditional villages and set apart from the main section of the hospital is a much needed facility which will allow traditional villagers to access health care, specifically giving birth, while respecting important taboos about the body and the environment. This area can be accessed and controlled by women.

More on items in the Filter

Items in the Filter are in colour. They are followed by a set of questions to prompt thinking about how these principles might be applied in a health context.

1.1 The project promotes sensitivity to local cultures and to their differing approaches to health, wellbeing, illness, and death.

- ⇒ Think about the different groups that the project is to serve. Are there mechanisms to engage with these different groups through project activities?
- ⇒ Are there different beliefs and practices in relation to health, well-being, illness, or death? Does the project make sure that it is aware of these different perspectives?
- ⇒ Consider the spiritual dimension of local cultures as well as the physical and mental health dimensions. Have these been taken into account in developing and implementing the project? If there are different beliefs among the different groups these will need to be considered and a means developed to address them without discrimination.

1.2 The project recognises the specific contributions to health that can be made by local and traditional practices and those of conventional medical and primary health care.

Respecting cultural practices

Cultural sensitivity is not only concerned with traditional beliefs and networks, it is also about respecting the way communities are currently organized and functioning. Health promoters in Timor Leste identified the importance of being flexible and planning activities to take account of peoples' day-to-day commitments.

"We follow their time, not our time. Sometimes we do our own work here in the evening so that we are available in the day when the community can meet with us..."

When communities contribute labour or volunteer their time to a health project this is especially important. When the work schedule does not suit people, when it interrupts their other duties, the participation will soon noticeably drop off. This can become a source of tension as some people continue to turn up for work and others are not contributing, possibly delaying the whole project. Devoting attention to the timing of project activities can help minimise these problems.

- ⇒ To what extent has the project considered the local traditional practices? In some cases these can be just as useful as (or more effective than) imported western practices and would be more acceptable to the local community populations. In some cases practices may be harmful – knowing this to be the case, and discussing it with local traditional practitioners, will be important.
- ⇒ Health professionals in the private sector may develop effective ways of combining traditional and Western elements of care. Can the project learn from these approaches?
- ⇒ In periods of violence or tensions, there may be an increase in harmful traditional practices (e.g. harmful traditional birth practices to replace lost services or increased genital mutilation in an attempt to maintain cultural identity). Addressing these will require increased sensitivity on the part of managers and staff.

1.3 The project demonstrates knowledge and respect of cultural rituals and practices through how it organises its programs and activities.

- Is the project flexible enough to take into account interruptions to the project work schedule as a result of traditional practices and rituals? This may include traditional leaders calling for project activities to be modified to respect traditional rituals, or communities rescheduling activities around funeral, mourning and religious practices.
- Does the project work around community schedules when organising meetings, consultations and other project activities?

Meeting the Needs

In certain post-conflict areas of Sri Lanka, internally displaced persons (IDP) camps were traditionally set up along ethnic lines – Tamils lived together, Muslims settled together and Sinhalese reformed their own communities. Service delivery most often mirrored this resettlement pattern. Then when the Tsunami struck the area, a Christian Tamil development and relief organisation was faced with the fact that there was overwhelming need for health and relief in the Muslim camps, greater than that in neighboring villages. The staff was initially very reluctant to travel to that area and work – they were hesitant about how they would be received, and how their communities would perceive their work; issues of trust were also raised. The values of the organisation (commitment to service those in need) were the basis of discussions among the project team who agreed that they needed to reach beyond their normal target group and focus energies at meeting the needs of Muslim camps as well. They considered that the tsunami could bring them together as they were all affected: “the Tsunami didn’t differentiate between Tamil or Muslim.”

The experience of crossing former cultural and trust barriers to work with these communities was reported by the staff to be extremely positive on a personal level. It enabled staff to make contacts with communities they would not otherwise interact with and was appreciated in the Muslim area as a demonstration of solidarity.

SECTION 2

Conflict Sensitivity

2. Conflict awareness and responsiveness

Introduction to the Concept

Guiding principles for conflict sensitivity:

1. Understand the context (history, culture, resources, interest groups, disputes) in which you intervene
2. Understand the interaction – actual or potential – between the context and your intervention
3. Minimise negative impacts and maximise positive impacts

Source: Conflict Sensitive Resource Pack, 2003.
<http://www.conflictsensitivity.org>

Communities in conflict zones carry legacies of violence: ethnic, religious or other disputes over resources may have provided the basis for instability and social fragmentation. In some cases communities are destroyed and displaced; in most cases some community structures, however damaged, persist. Conflict is also a consistent contributor to change – so if mediated well and managed may lead to positive outcomes.

To operate effectively in these environments, health projects must develop a deep understanding and sensitivity to the nature and history of local tensions, and how different groups have been affected by ongoing or previous armed conflict in the area. This should inform consideration of intervention options, and the implications of acting, or not acting, in a particular way, with particular partners, at a particular point in time.

More on items in the Filter

Items in the Filter are in colour. They are followed by a set of questions to prompt thinking about how these principles might be applied in a health context.

2.1 The project provides training to assist staff to deal with issues related to the armed conflict.

- ⇒ Remember that the staff of a project are usually drawn from the communities in which they are working. They too have experienced the armed conflict that took place and may have positioned themselves in relation to this.
- ⇒ Think about the knowledge and attitudes held by current and new staff with respect to the armed conflict that occurred. Are they well-informed about the issues surrounding the conflict? Does the project provide opportunity or space for staff to share and reflect upon their experiences and to discuss this in relation to the health project?

2.2 The project is sensitive to the nature of previous and on-going conflict as demonstrated in its own approaches to engaging with the community.

- ⇒ Think about health-related issues which may provide a basis for tension such as differential access to services, exclusion from services, mistrust regarding medical care offered. Have any of these been a problem, and if so has the project provided avenues to assist staff in addressing them? Has the staff managed to position the project in a neutral, yet humanitarian and supportive light?
- ⇒ Are there groups in the area that provide training in dispute resolution, conflict sensitivity, negotiation, reconciliation? Has the project considered if and how it might link up with these organisations?

In some places health projects have contributed explicitly to bringing people together, to focus on common problems, to address needs, and to resolve disputes. There are cautions here, however, in that local communities will need to set the pace and the terms for such interactions.

- ⇒ How does the health service engage with local authorities and power structures?

Both violent political conflict and local tensions may be present

Violent conflict and local tensions may arise from many causes of grievance. Among those most important are the following:

- Inequities in resource distribution – such as land or services (water, education, health clinics)
- forced migration with communities becoming disrupted and migrants seeking to be accommodated on land that traditionally belonged to others
- political allegiances which are distributed also along lines of race, religion or ethnicity
- high levels of prejudice and cultural insensitivity

2.3 The project models non-violent resolution of local disputes.

Conflict contributes to promoting change, and change can be positive. However, when conflicts cannot be resolved peacefully and escalate into threats or actual use of violence, then conflict becomes a negative and potentially very destructive force. Sensitivity is needed, not only to actions engaged to resolve grievances, but also to means of communication, including non-verbal communication.

- ⇒ What happens when there are differences in opinion in relation to the project activities or goals? How are they resolved? What happens when interpersonal problems arise within the staff? Who handles this?
- ⇒ Are staff aware of the processes in place to manage complaints? How effective have these been?
- ⇒ To what extent has the project provided opportunity or space for staff to reflect upon their experience and perhaps consider how local disputes and conflicts could be addressed? For example, space to examine or tell their stories.

Act early to minimise local conflicts and disputes

"Problems in communities which are not resolved can create many problems and delays. If the problem is not solved this might be the end of the project."

Timor Leste Informant

- ⇒ It is important to identify any particular groups that may be aggrieved or feeling destructive, in order to get a better understanding of their concerns. Are there mechanisms for resolving their grievance? This may be beyond the scope of an individual health project. It is important to establish if the complaints warrant investigation, attention or redress. Do other entities need to be involved, such as the authorities?

2.4 The project incorporates positive elements of local cultural beliefs in relation to violence and conflict resolution.

- ⇒ What local models exist for dispute resolution or negotiation? What are the community leadership structures? Who should be involved in resolving local disputes?
- ⇒ Are there traditions related to compensation or reconciliation that are important for the project to understand and engage with in its work?

3. Trust

Introduction to the Concept

Trust makes things predictable and enables us to work together. Mistrust contributes to suspicion and may exacerbate tensions in situations prone to violence and instability. Conflict-affected areas have typically experienced a breakdown in the social fabric of society, including destroyed social networks, institutions and government. Where civilians are targeted as a tactic of war, as is common in many internal conflicts, population displacement, terror, abductions, torture and other human rights abuses lead to high levels of personal insecurity and low levels of trust.

- Trust involves action in which there is vulnerability or a risk of adverse consequences. “Trust is the confidence that the other party to the exchange will not exploit one’s vulnerability”. (Korczynski, 2000)
- Gilson (2003) highlights the importance of relationships in understanding trust – “Trust is a relational notion: it generally lies *between* – people, people and organisations, people and events.”

Health related issues of mistrust may concern individual health workers who have been unhelpful or abusive, or organisations and systems, including hospitals and clinics (or organisations of health workers), which have played a destructive role in inter-community relations.

This section looks at the general relationship between the community and the services provided by the project, and highlights how the project relates to the community members and groups in the area. It also looks at issues of trust between different staff involved in the project.

Trust is multi-dimensional and based on values such as:

- consistency of behaviour
- reliability
- predictability
- competence
- loyalty
- goodwill
- respect
- tolerance
- honesty and
- integrity

Build relationships, then perform

A project manager in NE Sri Lanka describes how trust was reinforced by the health project's responsiveness following the Tsunami. “*The project seeks to build trust by creating a good relationship with the community - and by performing. We must show people we are doing something. For example, we tried to get the fishing equipment requested by the community and tried to get this out to all areas. People here see the NGOs promise a lot but they don't believe it. So trust is two things – building a relationship and then performing.*”

More on items in the Filter

Items in the Filter are in colour. They are followed by a set of questions to prompt thinking about how these principles might be applied in a health context.

Distrust of health services

In the Palestinian territories during the *intifada*, community members distrusted the official hospital services and so set up parallel structures, usually run by NGOs, to meet health care needs.

The Kosovar Albanians also set up parallel structures to avoid going through Serb-controlled services that were considered to be discriminatory.

Distrust of the government-sponsored health services was a major issue in the Solomon Islands. During and following the conflict, many people travelled long distances to other islands to seek medical treatment from health service providers they trusted, such as those of similar ethnic background or religious affiliation.

Meeting Matters

Meeting with people is necessary if you are to build trust. Think also about where meetings are held. Can they be held on neutral ground so nobody feels they are being summoned or have to appear in somebody else's space? Think about some shared spaces where everybody feels comfortable and at ease. Simple things like where to meet or at what time can send signals about how different groups are interacting. A project officer in Timor Leste shared the following idea: "When things are not that serious, we have monthly consultation where we prefer to get together on a neutral ground. We'll meet for coffee or something and share with one another how things are going."

3.1 The project is sensitive to health-related issues that have contributed to mistrust in this community.

- ⇒ Were health facilities a target of fighting, violence or intimidation? Were health services perceived to be aligned with any of the groups involved in the tensions/conflicts?
- ⇒ How was health care delivered during the height of the armed conflict? Were military forces (local or international) involved? How was this perceived? Did local clinics and hospitals continue to operate, did staff flee during the fighting – are those who stayed perceived to be different; and from whose perspective?
- ⇒ Was there, at any stage, pressure on health workers not to treat certain members of the community (based on ethnic or political affiliations)? Have there been situations where people presenting to health services have been ignored or discriminated against?
- ⇒ Did any community members seek out other health services further afield, thus demonstrating a lack of trust of local services?
- ⇒ Think about how fighting or tension in the community has affected health providers and health services. Remember, health workers are active members of their communities. If there is tension between two communities, health workers will be affected by them and may well bring these tensions into the workplace.

3.2 The project has processes in place which will help it gain the trust of different communities, NGOs and government agencies with which it works.

- ⇒ Trust is an emerging concept in the health and peacebuilding field. Measurement of trust is not easy and evaluations of trust will need to be considered in context. Indicators of trust in services may include:

- Attendance at clinics or uptake of services. A key issue to consider is whether there are groups within the community who are not participating in the project and why this may be. What are the causes of such mistrust and what can be done to overcome this? Might a broker help develop trust between the project and these groups? Who could best perform such a function?
- Willingness to participate in health service structures – such as the Hospital Board.
- Interest in being associated with or working for the project
- Willingness to provide personal, family-related or community-related information to health providers

⇒ Does the project support or participate in workshops about distrust and mediation? Does the project respect the confidentiality of its beneficiaries? Does the project provide good quality care? Does the project have communication mechanisms in place with various stakeholders? How often are these used?

3.3 The project promotes the building of trust among staff, individuals and community groups.

Trust relationships operate at multiple levels; between individuals, communities, organisations and governments.

⇒ Within project: how are staff treated? Do they feel respected and valued? How are staff kept informed of important changes in the project and of changes in roles and responsibilities? If the project has limited funding, for example, how are anxieties about job security dealt with? Is it clear what will happen when project funding ends?

⇒ Project and community: How is sensitive information dealt with? How are mistakes accounted for and corrected? Does the project promote impartial concern for clients' wellbeing? Does the service have explicitly stated values about responsiveness to the communities in which it works?

⇒ Between this project and other projects or organisations in the community: think about how information is shared between services, how referrals are handled, how feedback is provided. Consider whether scarce resources such as access to transport or to meeting spaces or to computer and the internet, are shared and if so by whom? Are some excluded? Who? Why? Can this be avoided?

Broken Promises

A key message from communities is that donors and NGOs should 'do what they say they will do'. A common complaint is that NGOs and others come to a village, sometimes to collect data, and they make promises that are not fulfilled. Sometimes the group never returns, other times they may begin a project such as rebuilding a school or repairing a water system but leave before it is completed. This obviously creates ill-feeling and distrust of future projects. More importantly, it can also raise suspicion within the community when projects do not deliver what was promised.

It is often the village chief, health volunteers, local government officials (or others involved in project negotiations) who are left to explain this to the community. *"The community wonders what happened, they might accuse us of taking the materials or money for repairs, they become suspicious.... And it places us in a difficult position - what can we say?"*

Community members, Timor Leste

SECTION 3

Social Justice

Health programs have the opportunity to promote social justice, human rights, and dignity by respecting patients and health service users, responding to inequalities (in service access, delivery and staffing) and discrimination on the basis of gender, race, ethnicity, political affiliation and or any other social or economic characteristics, and providing transparent and fair grievance procedures for project personnel, patients and the community. Consideration to addressing inequalities and inequities in health services and systems should apply both across and within the communities engaged in conflicts.

In conflict-affected settings, pressure to improve social justice and human rights may be considerable. The realisation of social justice and human rights will be progressive, and will take time, rather than happen overnight. Projects must be careful not to seek change at a rate that cannot be absorbed by communities.

4. Equity and non-discrimination

Health and Human rights

In project and service design and delivery, it is important to recognise different human rights issues which may require attention. These include civil, political, economic, social and cultural rights. The realisation or violation of any of these rights may have an impact on health. The promotion of human rights creates a favourable ground for progress in health. In turn, improved health results in greater fulfilment of human rights (i.e. access to education or employment).

A well-designed health project that supports human rights would: decrease discrimination, increase participation and equality, ensure privacy and confidentiality, permit the right to information, and promote dignity.

Introduction to the Concept

Aid itself may be allocated preferentially to a district or province where violent political conflict has been rife, while other areas of the country wrestle with similar health and health service problems. Situations where resources are not equitably distributed may be perceived as unfair and may perpetuate conflict or contribute to new grievances.

When introducing programs to respond to people who have been forced to move to new areas, attention is needed to ensure that the local host-population is also adequately resourced, serviced and supported.

It is important to be aware of local human rights groups and their interests and role in advocating around health issues. Involving them in development and implementation should be considered and facilitated where appropriate.

More on items in the Filter

Items in the Filter are in colour. They are followed by a set of questions to prompt thinking about how these principles might be applied in a health context.

4.1 The project seeks to promote tolerance and reduce discrimination.

Discrimination is the unfair treatment of individuals or communities on the basis of such attributes as race, colour, gender, language, religion, political or other opinion, national or social origin, wealth, or other status. Discrimination may perpetuate practices that preceded and perhaps contributed to the conflict. In other situations such discrimination may be a result of the conflict.

- ⇒ Consider existing tensions and forms of discrimination in the community.

Group discrimination may include: gender, age, ethnicity, religion, and/or political affiliation.

System discrimination may result in differential access to food, water, education, shelter, employment opportunities or other income-generating activities. Access to, and benefit from health-related services, resources and information, and land ownership (relevant often to women's lack of rights, as well as those of displaced families), may also be differentially distributed.

- ⇒ Consider issues of discrimination manifest in the ways health services are offered, accessed and practiced. Does the recruitment of staff, the delivery of health services, or involvement of various community groups in project management, suggest discriminatory approaches to different communities?
- ⇒ Consider project staffing - is there a strategy to ensure that all groups are represented, that positions are filled fairly irrespective of ethnicity, religion or gender and other attributes? Where this leaves some groups out, are efforts made to correct this situation?
- ⇒ Does the project identify and respond to those with greatest need in the area?

4.2 The project contributes to addressing inequalities within the community.

- ⇒ Does the project identify the nature of inequalities in the community? How are they patterned? Have these patterns changed over time? What are they based upon? Could they be changed?
- ⇒ Consider the various inequalities in health status, in access to services, and in access to factors which influence health like housing and water sanitation in the community. Which of these have implications to this project/service? Does the project/service attempt to address these, and in what way?

Tsunami assistance

Following the end of fighting in Sri Lanka, families were given monthly stipends to assist in their resettlement. This practice was also implemented after the Tsunami for victims needing assistance. However, due to the large amount of financial donations, the amounts given to the Tsunami victims were much greater than that given to the post-conflict families – often in adjacent villages. This difference in allocation creates disparities, and has the potential to exacerbate the fragile situation.

Highly vulnerable groups in conflict situations may include:

- women and girls
- unaccompanied minors
- survivors of rape, torture and domestic violence
- ex-combatants
- child soldiers
- the elderly
- those with disabilities
- female or child-headed households
- widowers
- broken family units
- those most poor
- those furthest way from bigger towns

4.3 The project makes effective provisions for inclusion of specific vulnerable groups.

Particular attention should be paid to the most vulnerable communities and individuals, such as those with the fewest resources to protect and sustain themselves.

- ⇒ These groups may not be proactive in seeking services they need. What special measures has the project taken to ensure it effectively reaches these populations?
- ⇒ How is the project assessing access to services by vulnerable groups? The project should make an effort to collect data by age, sex and area from which people come. This helps determine whether all people have comparable access.

4.4 The project ensures that access is not limited by economic or other barriers.

Access to services may be limited by economic and financial concerns, geographical factors such as distance and social factors. Examples of these barriers may include: charges for services, cost of transport to get to services, distance and time to get to places, and discrimination against groups.

Equity and solidarity

In Timor Leste, in very remote areas, people do not use cash and still operate on a barter system. Where new projects are introduced, such as a water supply project, there is usually a requirement for community members to contribute towards the ongoing maintenance costs if they wish to continue to benefit from the service. Some projects may also charge user fees. In this situation, the project should ensure that people who do not have cash are able to contribute their time, labour, or support, or some locally available goods or produce, as their contribution. There may also be a need to be sensitive to seasonal variations in the availability of, for example agricultural produce. Being flexible on these issues helps ensure that those most poor can still contribute to and draw on the available services, even if their mechanisms of payment or the amounts they pay are different.

- ⇒ Are the project services available to all groups, at broadly equivalent cost and in the same way to everyone regardless of ethnicity, gender, economic status and other attributes?
- ⇒ Do not think only about user fees but also consider other hidden costs associated in accessing the project's services (for example transport costs); does the project attempt to address such difficulties of access?
- ⇒ When resources are severely constrained, consider ways of ensuring fairness of access to health services across the community while focusing immediate efforts on the most vulnerable individuals. Are some communities offered exemptions from charges? On what basis are these decisions made?
- ⇒ Think about how the project is promoted within the community: can illiterate persons access information about project services, and fully benefit from them? Are services promoted and offered to all language groups? Does the project promote dignity and respect for beneficiaries, community members and all social subgroups, especially the most vulnerable groups?

5. Gender

Introduction to the Concept

The roles of women and men are socially structured. Expectations of the role of women or men are determined by culture, history and social norms. Awareness of their patterning in a given society is an important initial step. It is important to draw on available knowledge from previous work in these communities.

Gender equality involves the process of being fair to men and women; ensuring equal access and utilisation of services; ensuring that the different needs of men and women are attended to and that opportunities for employment or participation are available to all.

Fragile and violent situations render males and females vulnerable in different ways. A gender-sensitive perspective attempts to understand these situations and how they may influence behaviour in accessing or delivering services.

More on items in the Filter

Items in the Filter are in colour. They are followed by a set of questions to prompt thinking about how these principles might be applied in a health context.

Gender issues

Thinking about gender issues means considering the special concerns of women and girls, as well as men and boys. Issues may include consideration of the gender dimensions:

- impact on health and health-seeking behaviour
- access to services or employment as well as influence and power to make key decisions
- attitudes to the roles and responsibilities of men and women in relation to health
- experience of violence (domestic violence and rape), substance misuse, and disease
- opportunity for participation in conflict resolution and peacebuilding activities

5.1 The project demonstrates sensitivity to gender issues in its design and implementation.

- ⇒ Think about how to address specific concerns of both men and women through project services and activities. How do the project staff respond to violence, including knowledge and experience of rape, family violence, and other incidents of gender-based violence?
- ⇒ Consider specific gender concerns for women, such as the potential dual burden of being a care-giver, as well as responsibility for working outside the home.
- ⇒ Consider specific gender concerns for men, such as forced conscription into the military, violence, sexual abuse, and feelings of disempowerment.
- ⇒ Are women able to access female health workers if they need to discuss problems they do not wish to share with men?

Voice of Women

“Women say they want the project, but in Timor Leste water user’s group meetings, women tend to be very silent.... afterwards they have a lot to say about what’s been decided.”

Male health promoter, Timor Leste water project.

Health projects must find effective mechanisms that give voice to the concerns of women.

Gender, Money and Power

Projects which involve community participation sometimes provide opportunities for paid employment. Typically these positions are taken by men, and women are called upon to volunteer as health promoters or social mobilisers for no financial reward.

Some project committees and activities enable access to top decision makers and authorities, allowing real influence to be exerted. For example a Health Committee may negotiate with NGOs and local government about new projects and the resources coming to the village. Other roles involve simply implementing the project (eg distributing food, collecting information), and transfer for less power.

While projects need to be respectful of traditional gender roles, they should also be active in promoting greater gender balance and real engagement within their most important activities.

→ Gender issues within the project itself should also be considered. For example, is there a concern about the remote project locations? Is it difficult for women to stay overnight in the field, for example in outreach activities? Is it considered inappropriate for men and women to travel together? Working with staff to develop creative solutions to these problems is important.

→ Promoting the participation of women in societies where women are not traditionally involved in decision-making can present many challenges. How has the project responded to this? What steps were taken to engage women in the design and implementation of the project? Have women taken on new roles and responsibilities as a result of the project? Has the project contributed to changes in power and gender relationships? Increasing the power of one group in society often reduces the power of another – a gender sensitive approach means being alert to any change in relationships.

5.2 The project conducts gender sensitivity training for its staff.

- Are staff trained in techniques that help elicit the voice of women? Some projects include processes such as facilitating separate focus group discussions for women during planning and consultation. Managing these discussions and feeding insights back to a broader forum requires skills and experience.
- Are informal mechanisms for feedback encouraged? While women may not vocalise concerns during a large community meeting, they may approach female project staff afterwards to comment and give their opinions. There is value in having project staff (especially females) available at the project site for women community members to consult informally before and after more formal meetings.
- Are there other groups in the area that provide gender training? Has the project considered if and how it might link up with these organisations?

“But this is a Woman’s Project”

Whenever health projects are specifically targeting some women’s issues, staff may not consider gender sensitivity to be important. In a growth monitoring and nutrition project in Timor Leste, a program manager commented: *“Here we are dealing with women, women are the beneficiaries and so for us gender is not a major issue...”*

Other staff disagreed, recognising the importance of understanding gender roles in the family and the community. *“Most of the time it is still men that make the decisions. So there are times when support of the Village Health Committee and the suco (village) chief becomes very important. If there is a sick child who is malnourished and needs to go to the hospital and there is resistance from the father, they can help support this decision; the mother cannot do this on her own”.*

SECTION 4

Social Cohesion

At a societal level, violent conflict disrupts social networks and destabilises the political, social and economic life of a community. Fear breaks down social connections, and individuals and communities contract their social relationships to those closest and most important to them, usually family. Social cohesion reflects the quality of social relationships and the existence of trust, mutual obligations and respect within communities and the wider society.

6. Community cohesion

Introduction to the Concept

Where are the cracks? Although fighting and obvious violent conflict may have occurred, for example, between ethnic groups, it is important to consider other ways in which people identify themselves and potentially establish differences between themselves and other groups. This may be based on religion, language, caste or socio-economic status. It is important to understand the many different ways in which the society was, and is, divided. These may be potential 'fault-lines' along which further conflict or local disputes can occur.

Community cohesion can be thought of as the level of 'togetherness' that people feel. In some circumstances health and delivery of health services offers an opportunity to bring people together around a common cause. As a shared resource, health may offer an avenue to repair fractured social relations and build new ones, providing a basis for long-term development and peacebuilding. Much care is needed, however when attempting to build bridges between groups which have been violently divided. Health services can easily become another source of contention in the community.

Beneath the surface

Health projects may offer the opportunity to bring different communities together around a shared resource; this may be a water system, a health post, or a nutrition service. However, a deep understanding of the relationships between communities is essential. A Timor Leste project manager notes this is not always easy to achieve: *"Many donors are putting their tools and resources in with no real understanding of what is happening at the field level....this makes it difficult. Bringing different Aldeia (hamlets) together, often the tensions only surface later. In the beginning everyone wants the project – they all say they will work together. We won't know there is a history of problems unless we do further investigations."*

More on items in the Filter

Items in the filter are in colour. They are followed by a set of questions to prompt thinking about how these principles might be applied in a health context.

Promoting truth and reconciliation at local level

In Timor Leste, the Government established the Commission for Reception, Truth and Reconciliation (CAVR) to bring to the fore human rights abuses and injustices that took place during the Indonesian occupation of Timor Leste and the subsequent struggles within the country.

The CAVR has played an important role in making visible the different forms of abuse that took place. It has confirmed the experiences of many people and has provided them an opportunity to tell their story.

The CAVR played a role in bringing together individuals and communities who have experienced abuses during the conflict. This has helped make explicit the tensions between community members, has facilitated agreement on the abuses that took place and who was responsible, and allowed some form of traditional compensation and reconciliation to take place at local level.

On a national level, however, the CAVR has been contentious as some senior policy-makers are concerned not to upset the Indonesians and militia who were responsible for the violence against the Timorese community while others believe that making this visible and bringing them to justice is crucial if the country is to move on.

6.1 The project takes into account changes in community structures which have arisen during, or as a result of, the armed conflict.

- ⇒ How has the conflict changed relationships within traditional networks, kinship groups and families? Does the project have some understanding of who has the capacity and responsibility to make health-related decisions within families and within the community?
- ⇒ Consider sub-groups within the community – how has the armed conflict affected inter-group relationships? Has it, for example, increased the power of one or more groups in relation to others? Does the project recognise this change in power relations, and consider what affect this may have on participation and access?
- ⇒ Understanding patterns of displacement may be important. Who has access to what land and resources? Has this changed during the course of the conflict? What efforts has the project made to increase participation by those whose marginalisation may have increased during the conflict?

6.2 The project contributes to bridging the divide between different groups in the community.

Conflict differentially affects communities and may increase the distance between them. Conflict may increase hatred, distrust or fear of others, in particular of other groups. Some of this may be based on real experiences; some may be based on heightened sensitivity to other groups and to concern about their motives and objectives. Some may result directly from constraints on existing resources or challenges arising from the availability of new resources.

- ⇒ Does the project have a high level of awareness of the main social groups in the area? Do project leaders understand the differing goals, interests and capacities of these groups? Do they take these views into account in terms of service delivery?

- ⇒ Does the project have some awareness of how the different groups served by, or involved with, the project, see each other? Has the project identified any mechanisms through which groups might work together to achieve common objectives?
- ⇒ Does the project have some mechanisms in place whereby grievances and worries between groups or the project can be raised, discussed and addressed?
- ⇒ Is there a distrust of the 'other', meaning different cultures or religious groups? Are enemy or cultural stereotypes prevalent? Is systematic discrimination and stereotyping a problem in this community?
- ⇒ Effective community structures may build cohesion through both bonding and bridging social capital. Bonding social capital focuses on strengthening within community cohesion. Bridging social capital focuses on the links between communities and how they see one another. Is the project aware of these forms of social capital? Does the project provide appropriate mechanisms to enhance both bridging and bonding social capital in the community?

6.3 The project supports and reinforces community reconciliation efforts.

- ⇒ How active are local women's and youth groups and other civil society groups in the area? Does the project work with them? Are they a positive or negative force in promoting more inclusive activities? Do they contribute to resolving conflict, or do they contribute to reinforcing barriers within the community?
- ⇒ Are local radio and print media contributors to resolving disputes? Do they air problems and provide space to address or respond to them? Does the project use the local media to promote values such as tolerance and inclusiveness which may be important to the project?

7. Psychosocial well-being

Introduction to the Concept

People's perceptions of their safety, their future, their community, their sense of control over their lives and of hope significantly affect their individual and collective wellbeing. Many projects, through the way they are organised will have an impact on these aspects of community well-being.

Understanding the term 'psychosocial'

The term 'psychosocial' is used to emphasise the close connection between psychological aspects of our experience (our thoughts, emotions and behaviour) and our wider social experience (our relationships, tradition and culture).

Source: Psychosocial Working Group. Working Papers, 2004.

Improving health can help individuals and communities to claim their full entitlements and benefits from development and other opportunities. Building the peace may depend on ensuring that the basic needs within a community are effectively addressed and that resources available at societal level are shared. Such societies are less liable to deep divisions, grievances and violence.

Most importantly, personal and social recovery reflects confidence about the community's ability to manage its recovery and to develop solutions to the problems it faces.

More on items in the Filter

Items in the Filter are in colour. They are followed by a set of questions to prompt thinking about how these principles might be applied in a health context.

Understanding the term 'resilience'

Resilience is the inherent capacity of individuals, communities and social structures to withstand adversity and to respond and adapt to new circumstances.

Individuals and communities do not 'stand still' – they react to their environment and seek to shape it in order to enhance scope for safety, security and the achievement of their objectives.

7.1 The project is sensitive to key factors which affect the community's psychosocial health and well-being.

- ⇒ Such factors may include earlier or ongoing community experiences of violence, atrocities and disruption, discrimination, and displacement.
- ⇒ Does the project seek to build resilience and coping skills in the community?

7.2 The project is supportive of social recovery for individuals, families and communities.

Social recovery means re-establishing personal and inter-community relationships and ensuring that day-to-day activities are operating: markets are re-established, schools and clinics are running, local government is functioning, churches, temples, and mosques are serving their communities.

- ⇒ Different individuals and groups will recover in different ways, will face different barriers to recovery, and therefore will require different forms of support. Does the project support people's resiliency, aiding individual and community members to gain a sense of control over their lives?
- ⇒ Does (or could) the health project provide any support activities or resources, such as a space for community organisations to meet or for children to have an art workshop?
- ⇒ Is the project aware of positive local adaptations that might have occurred – and if so, can any of these responses be further developed and supported?

Psychosocial Butterfly Garden

The Butterfly Garden in Sri Lanka is an innovative program of accompaniment and healing for war-affected children, and reconciliation at community level. It builds on research from multi-country studies on psychological distress in war-affected children. Positive aspects of the Garden include:

- After-school and weekend creative play programming provided to over 600 schoolchildren from 20 communities representing local ethnic groups (Tamil and Muslim)
- A rich choice of play and art activities (claywork, drama, storytelling, music, arts and crafts) facilitated by staff animators who are local men and women from different ethnic groups
- Hands-on experience for the children with special attention to personal healing work
- On-site mentoring for children
- The healing potential available for staff as well as children within the program

Source: <http://www.thestupidschool.ca/bpg/index2.html>

SECTION 5

Good Governance

Governance is the process whereby public institutions conduct public affairs and manage public resources. Good governance in the health and social sector involves ensuring sound approaches to project design and implementation. It involves coordination with other sectors, equitable distribution of services and information and effective mechanisms of accountability. Priority is given to enhancement of people's capabilities and protection of vulnerable populations.

8. Community capacity-building and empowerment

Understanding the term 'good governance'

Good governance entails planning ahead for future leadership; identifying and training people who can take on more responsible roles in the future.

Identifying keen and enthusiastic young people will be especially important.

Introduction to the Concept

Community capacity-building refers to a way of working with people which recognises community members as decisive actors and where efforts are directed towards enhancing the competencies of community members. Supporting local community-based organisations, whether these be youth, women, religious, farmer or professional associations, helps rebuild the sense of community and community members' ability to shape their future.

A peace-promoting project is one that is inclusive and involves community members in all key aspects of its design and implementation including decision-making, and particularly supporting marginalized groups to have their voice heard. This is in contrast to approaches that view the community as passive recipients of services. Too often community participation has been merely a part of the rhetoric but not of the practice; participation occurs at a token level, consultation is seen as a means to ensure 'co-operation' and agreement from communities is sought after key decisions have already been made by project staff.

Empowerment is the outcome of effective community capacity-building: community members feel confident in their ability to effect change and capable of leading activities and taking on decision-making roles.

This concept is important in conflict-affected populations as regaining a sense of control over one's life is central to the recovery and healing process.

Community empowerment

This aims to give people the power, capacities, capabilities and access needed to change their own lives, improve their own communities and influence their own destinies.

Source: <http://www.unhchr.ch/development/governance-01.html>

More on items in the Filter

Items in the Filter are in colour. They are followed by a set of questions to prompt thinking about how these principles might be applied in a health context.

8.1 The project has established mechanisms for genuine community participation in all phases, including monitoring and evaluation.

Think about what it means to have the community participate. The community will decide whether to participate in the project. It may or may not welcome this involvement in sharing and partnership.

Remember that communities are not homogeneous and have different groups and sub-groups within them. It is easy for the opinions of a vocal minority to dominate discussions, and important input from other community members to be lost.

- ⇒ Has a wide representation of community members been invited to participate?
- ⇒ Has their involvement been at their wish? There is sometimes only a subtle difference between enthusiastic encouragement and coercion.
- ⇒ Think about the key opinion leaders from each group. Have they been involved in the project design and has their support been sought for the project development and implementation? Their involvement is important to help draw the population into the project, and facilitate support and participation.
- ⇒ Have community members participated from the beginning throughout the planning, implementation, evaluation and all key aspects of decision-making of the project?
- ⇒ Does the project provide opportunities to build and reinforce local structures and to engage them through involvement in the health project planning and implementation? Such involvement may help move activities from a focus on emergency and relief efforts to something that is more focused on longer term development and sustainability.

Monitoring and evaluation

Involving relevant government partners in monitoring and evaluation (M&E) activities can help foster local ownership and at the same time, build capacity in M&E. Are there opportunities to mentor counterparts from the MoH on field site visits or to participate in monitoring missions?

8.2 There is local ownership of the project.

- ⇒ Do community members believe the project is theirs?
- ⇒ Does the project provide opportunities to build and reinforce local structures and to engage them through involvement in planning and implementation?

Ownership

"It is important that government representatives are present – not just at the start and the end but all the way through. For us, it is important that government is involved and seen to be involved otherwise there is no ownership."

Senior project officer, Timor Leste

- ⇒ Ownership is important both at local and national level. To what extent has the project engaged the Ministry of Health and other government partners? Are government representatives present to promote local ownership of the project? How has ownership been fostered at district and sub-district level?
- ⇒ One way to test who 'owns' the project is to think about what would happen if community members sought significant changes to the goals or activities of the project. How would this be done? Who would be involved?

8.3 The project provides for the development of leadership and advocacy skills among staff and community members.

In conflict situations, often people are more comfortable, and can gain a sense of control, when they are the drivers and the pace setters. This attempt to gain personal control can clash with project goals concerning the development of leadership skills in others which are important in promoting sustainability for the project.

- ⇒ Do senior staff actively delegate and support junior staff and community members to take the initiative when appropriate?
- ⇒ Do external project staff respect local counterparts and play an enabling role rather than a directive one?
- ⇒ How does staff engage with government health service providers and departments. Are mechanisms in place to help equip or strengthen the ability of project staff and community to influence policy and practices and to advocate for needed changes?

9. Sustainability and coordination

Introduction to the Concept

Effective project management and coordination not only enhances the impact of services and activities offered, but can help to ease tensions. Good management and coordination can provide reassurance and a sense of stability in an environment that might otherwise feel chaotic and frightening. Especially in fragile settings, effective communication is essential, not only among project staff but with community members and service recipients.

Key issues include:

- well developed formal and informal communication strategies;
- good networks between project leadership and local community groups;
- good networks with other agencies and services to share information, ideas, lessons learned and identify potential future partnerships.

It is important to think about the ongoing recurrent costs when designing a project. If these are not considered then longer-term sustainability may be impossible to achieve. Governments, donors, NGOs and individuals all should consider longer-term sustainability before initiating new activities.

More on items in the Filter

Items in the Filter are in colour. They are followed by a set of questions to prompt thinking about how these principles might be applied in a health context.

9.1 The project includes mechanisms to coordinate with other groups in the community.

- ⇒ Does the project have formal mechanisms to coordinate with other service providers operating in the community? Have systems been established to foster effective coordination?
- ⇒ Think about how these mechanisms have been put in place: what tensions may arise through these processes? For example, what venues are chosen for these meetings? In what language are the minutes produced? Who sits on the coordination committees?
- ⇒ In addition to formal mechanisms for networking and coordination, there are often influential informal networks that exist within the community. How might the project work with these to enhance services and activities? The project staff will need to make sure that coordination mechanisms take these networks into account. An example might be working with community women's groups to ensure that services offered are appropriate, promote dignity, and avoid competition with services provided elsewhere.

Conflict resolution, dealing with disputes

Having clearly agreed criteria for setting priorities helps avoid conflict. In Timor Leste, the government works with all districts to identify priorities for water and sanitation. Criteria include how many families would benefit, how feasible it is to deliver water, and how remote the village is. When disputes arise, people can go back to the criteria and priorities agreed earlier.

Supporting one another

In some situations one project can support the activities of another. Can one build a greater degree of coordination, communication, and cooperation between different projects? For example, if you are meeting regularly with community members to discuss, for example an immunisation project, or a nutrition project, maybe on one occasion you could take the community mobiliser from a mental health project, with you into the field. This worker can inform the community about some of the key mental health challenges and how you are addressing them elsewhere. Improving communication may enhance access to information, advice and possible new resources.

→ Think of adaptations to services such as placing drug stocks at peripheral rather than central stores so they are more available should supply lines be cut. Can these effective adaptations and elements of recovery be reinforced and sustained?

9.2 The project participates actively in building networks with local groups, local and international NGOs, donor organisations, and other stakeholders.

- What formal and informal gatherings have been planned for various organisations within the community? Are there spaces to meet with members of other organisations?
- What structures exist and what do they deal with? Has the project made a commitment to providing information about its own activities to other organisations working in the area?
- Are both government and non-government bodies involved? Could more providers be drawn in and resources shared?

9.3 Plans for long-term sustainability of project activities have been developed.

- What are the implications for long-term activities under this project?
- What is the exit strategy of the donor and project management group? What are the implications for funding?

10. Transparency and accountability

Introduction to the Concept

Health and social programs should be consistent with broader efforts to improve accountability and transparency of public services. Projects can add value by promoting good governance and accountability within the health sector. Service providers have both positive obligations (to protect, promote and provide) and negative obligations (to abstain from violations). Mechanisms to monitor delivery in regards to these obligations, as well as procedures to address violations, need to be present and well communicated to the community.

Transparency brings a recognition that public trust is earned through personal integrity, honesty and altruism; good governance depends on trust and respect for all people.

More on items in the Filter

Items in the Filter are in colour. They are followed by a set of questions to prompt thinking about how these principles might be applied in a health context.

10.1 The project encourages transparency and accountability of decision-making to local communities.

- ⇒ Think about how the project engages with the community. Are project decisions and processes communicated clearly and openly to the community? Is the community invited to participate?
- ⇒ Ensuring participation helps promote accountability as information on achievements and limitations become more widely known and debated.
- ⇒ Participatory structures can provide an opportunity to air concerns re project direction or operation and provide an opportunity to address them.
- ⇒ It may be especially important to establish effective complaints procedures. Identifying, and effectively dealing with complaints, allows all to move ahead in the knowledge of a commitment to improving practice.

Agreed Plans

Establishing clear and transparent rules and documenting agreements and decisions can help avoid conflict. A water and sanitation project in Timor Leste discovered some discrepancies in the water system which was installed in one suco (village). Larger piping and additional taps had been introduced for greater access to certain families who were involved in the local community-based organisation (CBO) implementing the project. When complaints arose, the project liaison officer together with the district community water and sanitation officer called a meeting. They were able to refer everyone to the plans agreed by the community and insist that the system be modified to meet the original design.

Transparency

In Timor Leste people used the Indonesian term 'KKN' – 'corruption, collusion, nepotism.' These emphasise three key reasons for having more public and transparent governance arrangements and agreements in projects.

10.2 The project strengthens the ability of community members to elicit greater accountability from central health service providers and government departments.

Strengths and Limitations of the Wantok (one talk) system

In the Solomon Islands, when discussing issues of good governance in health projects, community members and hospital staff both drew attention to the 'wantok system'. The wantok system is a strong marker of identity, where family and community members from one ethnic group have obligations and reciprocal rights to provide services or resources to their own language group (wantok – literally one language). The community members highlighted the wantok system as a way of building social cohesion, in that communities have a social responsibility to serve their family, neighbours, and community – their wantok group.

However, the wantok system may affect the operation of health services especially in a multi-ethnic setting. Hospital staff may feel strong pressure, and obligation to prioritise healthcare to their own wantoks, thereby potentially discriminating against members of other language groups who may have greater health needs. This discrimination can also lead to a breakdown in trust particularly if the provision of service is dominated by one language group. Supporting good governance requires a deep understanding of social and cultural issues which affect the management and delivery of health services.

- Think about how the project engages the community during decision-making processes. Is the community invited to consultative meetings held by health service providers?
- Does the project bridge the community's needs with the health services provided in that area? Are community opinions shared with key health service providers?
- Does the project work with the community to ensure that locally available services, and referral facilities, are well established and play their designated roles? Could it do more to facilitate this?
- Can the project help establish an environment in which community members are able to raise questions of decision-makers operating at provincial or national level? An NGO may be in a better position to invite key decision-makers to attend a meeting at which community concerns about local services can be aired.
- Both transparency and accountability require good communication. How are decisions which are made at a central level, communicated to the project? When changes are made in one project location, how does this information filter back to the national level? Think about ways to test the communication strategies of the project. Ask questions.
- Find out who knows what about the project. Ask people how they find out information, or make a complaint about the project. How can the information be fed back to the community?

Action Plan & Resources

The following pages provide further ideas and resources which may assist you in developing an Action Plan. The suggestions, categorised by the sub-principles presented in the Filter and Companion Manual, are presented in a simple and concise manner to stimulate thinking. All the brief examples already presented in the Companion Manual may also be of use – think about whether it is possible or may be desirable to adapt good practice from elsewhere to your own projects and activities.

When completing the Action Plan section of the Health and Peacebuilding Filter, be sure to think about the following:

- What must the project do better? How can this be done? Who will do it?
- What is the project doing really well? How can this be extended?
- Are there any implications for your funding agency? If so, how will you address them?

Simple ways to promote cultural sensitivity:

- Meet regularly with and/or access people associated with the different cultural, religious and language groups in the area
- Ensure the project demonstrates respect for local languages and facilitates their use in aspects of service delivery, information and education
- Recognise that different cultures have their own way of dealing with health problems: respect the choices they make in how to address an issue, and engage with them to find an appropriate solution
- Demonstrate awareness of the rituals and traditions of local cultures and religions
- Train staff to be sensitive to local cultures, religion and languages

Want to know more about cultural sensitivity?

- UNFPA. 2004. *Culture matters – working with communities and faith-based organisations*. Case Studies from Country Programmes. Available http://www.unfpa.org/upload/lib_pub_file/267_filename_CultureMatters_2004.pdf
- Dyregrov, Atle, Gupta, Leila, Gjestad, Rolf, Raundalen, Magne. 2002. *Is culture always right?* Traumatology. 8:13.
- UNDP. 2004. *Human Development Report: Cultural Identity in today's diverse world*. UNDP, New York.

Simple ways to promote conflict awareness & responsiveness:

- Recognise that the community has the capacity to resolve their own disputes: empower them to do so
- Recognise that conflict may produce winners and losers; this means that some people have an interest in seeing the conflict continue
- Be aware that health-related interventions, and other humanitarian inputs, may provide valuable resources over which disputes might arise
- Identify all parties to the conflict or dispute and the issues over which they are most concerned; establish communication with the key players
- Encourage negotiations and compromise where appropriate
- Develop effective mechanisms to communicate and respond to disputes, grievances, conflicts or other differences of opinion concerning the project
- Respond to grievances in a timely manner and state clearly the basis on which decisions are being made

Want to know more about conflict awareness and responsiveness?

- Anderson E. 2005. *ABC of conflict and disaster: approaches to conflict resolution*. BMJ. 331: 344-346
- WHO. *Health as a Bridge to Peace* (HBP). HBP is described as multidimensional policy and planning framework which supports health workers in delivering health programs in conflict and post-conflict situations and at the same time contribute to peacebuilding. The website includes an Active Learning Package – a training tool for health staff <http://www.who.int/hac/techguidance/hbp/en/index.html> or <http://www.who.int/disasters/bridge.cfm>
- Mary B. Anderson. *Do No Harm. How aid can support peace – or war*. London, Lynne Rienner Publishers, 1999.
- FEWER, International Alert, Saferworld. 2003. *Conflict Sensitivity Resource Pack*. Available from: <http://www.conflictsensitivity.org>
- UNSW Health and Conflict Project. 2004. *Issues Paper I: Health and Peacebuilding: Securing the Future*. AusAID, Canberra. Available from: <http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/page/AUSCAN>
- Bunde-Birouste, A., Eisenbruch, M., Grove, N., Humphrey, M., Silove, D., Waller, E., Zwi, A. 2004. *Background Paper I: Health and Peacebuilding: Securing the Future*. The University of New South Wales, Sydney. Available from: <http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/page/AUSCAN>

Simple ways to promote trust:

- Take time to talk to people – and especially make sure you listen
- Meet face to face
- Be honest and realistic about what you can and cannot do; be open about the limitations of the project
- Communicate regularly with stakeholders; keep them informed; let people know about project changes early so that these are not a surprise
- Treat people fairly
- Be consistent, reliable and predictable
- Respect people's privacy and confidentiality; recognise that if people have told you things in confidence that these are not for sharing

Want to know more about conflict sensitivity and trust?

- *Berghoff Handbook on Conflict Transformation*. Available from: <http://www.berghof-handbook.net/index.htm>
- *Conflict Prevention and Resolution*. Available from: <http://www.c-r.org>
- *Peace and Conflict Impact Assessment and NGO Peacebuilding*. Available from: <http://www.international-alert.org/pdf/pubdev/pcia.pdf>
- Gilson, L. 2003. *Trust and the development of health care as a social institution*. Social Science & Medicine. 56:1453-1468.
- Green, J. 2004. *Is trust an under-researched component of healthcare organisation?* British Medical Journal. 329(7462): 384.
- William Maley, Charles Sampford and Ramesh Thakur (eds). 2003. *From Civil Strife to Civil Society: Civil and Military Responsibilities in Disrupted States*. Tokyo: United Nations University Press. Read about 'Institutional Design and the Rebuilding of Trust' in pp.163-179.
- Goudge, J., Gilson, L. 2005. *How can trust be investigated? Drawing lessons from past experience*. Social Science & Medicine. 61(7): 1439-1451.

Simple ways to promote equity & non-discrimination:

- Identify and respond to inequalities which are unfair and unjust
- Collect data, for example by age, sex and people coming from different areas, to determine whether all people have equal access to services
- Make special efforts to direct your project to those in greatest need; these might be people most remote, most poor, or most ill – make sure you know about them and that your project is assisting them
- Make sure you know something about the human rights concerns in the area - talk to local human rights NGOs if they are present
- Agree with staff on appropriate action to be taken when human rights abuse is suspected or revealed

Want to know more about social justice, equity, non-discrimination and human rights?

- Researching Health and Human Rights: <http://www.rhhr.net/>
- Centre for Social Justice: <http://www.socialjustice.org/>
- McIntyre, D., Gilson, L. Putting equity in health back onto the social policy agenda: experience from South Africa. *Social Science & Medicine*, Volume 54, Issue 11, June 2002, Pages 1637-1656
- Mary B. Andersen. *The Do No Harm Handbook: The framework for analysing the impact of assistance on conflict*. November 2004. Available from: <http://www.cdainc.com/dnh/docs/DoNoHarmHandbook.pdf>
- Gruskin, S., and Tarantola, D. 2000. *Health and Human Rights*. Oxford Textbook of Public Health, Oxford University Press. Available from: www.hsph.harvard.edu/fxbcenter/working_paper.htm

Simple ways to promote gender sensitivity:

- Include women and children in all aspects of the project
- Promote gender awareness training for all staff members
- Be aware that projects may have unintended consequences: Some people, including women, may become worse off
- Establish working relationships with local women's groups, NGOs, and others who are engaged with issues of women, girls and disenfranchised men and boys
- Find ways of engaging men and young boys: stimulate discussion about roles and responsibilities

Want to know more about gender sensitivity?

- AusAID's *Gender and Development: Australia's Aid Commitment*
http://www.ausaid.gov.au/publications/pdf/genderanddevelopment_policy1999.pdf
- WHO's *Department of Gender, Women and Health*: <http://www.who.int/gender/en/>
- *Gender Analysis in Health: A review of selected tools*. Available from:
<http://www.who.int/gender/documents/en/Gender.analysis.pdf>
- *Gender and Conflict Issues*: <http://www.womenwarpeace.org>
- *Reproductive Health*: http://who.int/reproductivehealth/publications/RHR_00_13_conflict_and_displacement/
- WomenWatch: *UN information and resources on Gender Equality and Empowerment*. Available from: <http://www.un.org/womenwatch/>
- United Nations Development Fund for Women (UNIFEM): <http://www.unifem.org/>
- International Women's Development Agency: <http://www.iwda.org.au/>
- World Bank's *Gender and Development*: <http://www.worldbank.org/gender>

Simple ways to promote community cohesion:

- Remember that conflict is not just about social breakdown, it is also about social transformation and recovery
- Work to build links both *within* communities and *between* communities
- Provide opportunities for people to work together to address common needs
- Facilitate opportunities for employment and ensuring that the basic needs of all are met
- Develop mechanisms to facilitate communication in the community
- Work with women, children, disabled people, and the elderly
- Work together to unite families and communities that have been separated or affected by the conflict

Want to know more about community cohesion?

- *Social capital: Reviewing the concept and its policy implications.* Available from: <http://www.pc.gov.au/research/commres/socialcapital/socialcapital.pdf>
- *WHO Commission on the Social Determinants of Health.* Available from: http://www.who.int/social_determinants/en/
- *Education, Conflict and Social Cohesion, An Analytical Framework*, Geneva: UNESCO International Bureau of Education, 2004, http://www.ibe.unesco.org/International/social%20cohesion/Social%20Cohesion%20pdf/reportfinal08_05fram.pdf
Also available in book form: ISBN: 92-3-103962-8, or from:
<http://www.ibe.unesco.org/conflict/ConflictSCohesion.htm>
- *Initiative for Social Cohesion, Rebuilding post-war South-Eastern Europe:* <http://www.stabilitypact.org/soc-cohesion/default.asp>

Simple ways to promote psychosocial well-being:

- Note that people are not just victims and casualties of adversity – they have resilience, they cope, they adapt, and they take action to shape their futures
- Assist people to meet their basic needs
- Promote creative activities for children
- Create space for mutual learning through open dialogue
- Draw on local cultural and other resources to help individuals and the community to deal with difficult situations
- Do not over-emphasise professionally-led psychosocial interventions as community-led mutual support and assistance is often far more valuable

Want to know more about psychosocial well-being?

- The Psychosocial Working Group: <http://www.forcedmigration.org/psychosocial>
- WHO. *Mental health of refugees, internally displaced persons and other populations affected by conflict*. Available from: http://www.who.int/hac/techguidance/pht/mental_health_refugees/en
- Child Protection and Psychosocial Programs Consortium, 1999. *Project Proposal: Care and protection of children, youth and families in East Timor*. Available from: <http://www.forcedmigration.org/psychosocial/inventory/pwg002/pwg002.pdf>
- De Jong, K., Mulhearn, M., Swan, A., Van der Kam, S., 2001. *Assessing Trauma in Vavuniya, Sri Lanka: Psychosocial Survey Outcomes*. MSF, Netherlands. Available from: <http://www.forcedmigration.org/psychosocial/inventory/pwg008/pwg008.pdf>
- MacMullin, C., Loughry, M., 1998. *A Method for Identifying and Understanding the Concerns of Refugee Children and Adolescents*. Available from: <http://www.forcedmigration.org/psychosocial/inventory/pwg006/pwg006.pdf>
- International Federation of the Red Cross and Red Crescent Societies, 2002. *Community-based Psychosocial Support: A Training Manual*. Available from: <http://www.ifrc.org/what/health/psycholog/manual.asp>

Simple ways to promote community capacity-building and empowerment:

- Enable community members to make input to the strategies, direction, and design of projects
- Consult community members on major changes to the aims, objectives and processes of the project
- Ensure the project employs people from all communities in the area
- Contribute to building the resource base of the community
- Offer training workshops to build community capacity
- Foster the development of leadership skills for all, but especially for young people and for women

Want to know more about capacity-building and empowerment?

- Smith, J. 2004 *Human Resources for Health: Exploring experience and opportunities for change in a post-conflict environment*. <http://www.unsudanig.org/JAM/clusters/social/background-docs/HumanResourcesForHealth.pdf>
- WHO. World Health Reports:
 - In *World Health Report 2000: Health systems; improving performance* see Chapter 3 'Health services: well chosen, well organised?' and Chapter 4 'What resources are needed'.
 - In *World Health Report 2004: Changing History* see Chapter 4 'Health systems; finding new strength'.
- Chen et al. 2004. *Human Resources for Health: Overcoming the crisis*. *The Lancet*; 364: 1984-1990.
- Aid Workers Exchange: <http://aidworkers.net/exchange/>
- People in Aid: Promoting good practice in the management and support of aid personnel: <http://www.peopleinaid.org/>
- Office of the United Nations High Commissioner on Human Rights: <http://www.unhchr.ch/development/governance-01.html>
- UNSW Health and Conflict Project. 2004, *Issues Paper II: The Challenge of Human Resource Management in Conflict-prone Situations*. AusAID, Canberra. Available from: <http://healthandconflict.sphcm.med.unsw.edu.au>

Simple ways to promote sustainability & coordination:

- Think early about the exit strategy for any donor funded or NGO projects; think about long-term sustainability and transfer of ownership right from the beginning
- Demonstrate a commitment to collaborating with others by meeting regularly with local groups, NGOs (local and international), and donor organisations working in the area to improve coordination and share information
- Share your resources with other organisations that may not have access to things they need
- Work together with other organisations and support local and national government to deliver services effectively

Want to know more about sustainability and coordination?

- *Governance for sustainable human development*, a UNDP policy document. Available from: <http://magnet.undp.org/policy/chapter1.htm>
- *Good Governance: Guiding principles for implementation*. Available from: http://www.ausaid.gov.au/publications/pdf/good_governance.pdf
- IRC Resources. *The Post-Conflict Development Initiative*. Available from: <http://www.theirc.org/resources/index.cfm>
- Lederach, John Paul. 1997. *Building Peace: Sustainable Reconciliation in Divided Societies*. Washington, DC: United States Institute of Peace. Presents an integrated framework for peace building, in which structure, process, resources, training, and evaluation are coordinated in an attempt to transform conflicts and effect reconciliation.

Simple ways to promote transparency & accountability:

- Establish a mechanism to deal with community complaints and ensure people know who they can talk to about the project; respond to community enquiries and needs in a thorough and timely manner
- Let people know who funds the project and where the money goes
- Keep community members informed about project activities, how decisions get made, and what is being discussed at all levels
- Base decision-making on whatever guidelines and documentation have already been agreed in the country, district or program
- Base action on agreed priorities to avoid suspicion concerning collusion or corruption

Want to know more about transparency and accountability?

- Beyond Intractability: A Free Knowledge Base on More Constructive Approaches to Destructive Conflict: <http://www.beyondintractability.org/index.jsp>
- The DAC Network on Conflict, Peace and Development Co-operation (CPDC): <http://www.oecd.org/dac/conflict>
- Berghof Research Center for Constructive Conflict Management: <http://www.berghof-center.org/english.htm>
- Human Rights in Development: Good Governance: <http://www.unhchr.ch/development/governance-01.html>

Notes

You are encouraged to use these pages to note reflections on the Filter, Companion Manual and Action Plan, and their relevance to your work. We encourage you to share these reflections with us, using the following contact points: Prof. Anthony Zwi: a.zwi@unsw.edu.au, Anne Bunde-Birouste ab.birouste@unsw.edu.au

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**Prof. Anthony Zwi, Project Leader
Associate Dean (International Health)
Faculty of Medicine
School of Public Health and Community Medicine
The University of New South Wales
Sydney NSW 2052, Australia
Tel: +61 (2) 9385-3811, Fax: +61 (2) 9313-6185
Email: a.zwi@unsw.edu.au
Web: <http://www.sphcm.med.unsw.edu.au>**

**Ms. Anne Bunde-Birouste, Project Coordinator
Senior Lecturer, Faculty of Medicine
School of Public Health and Community Medicine
The University of New South Wales
Sydney NSW 2052, Australia
Tel: +61 (2) 9385-2591, Fax: +61 (2) 9385-1036
Email: ab.birouste@unsw.edu.au
Web: <http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/page/AUSCAN>**